



DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)

INDIVIDUAL WITH COMMUNITY PROTECTION ISSUES

CLIENT'S NAME		DDD NUMBER	ETHNICITY	DATE OF BIRTH	REGION
MENTAL HEALTH DIAGNOSIS <input type="checkbox"/> Yes <input type="checkbox"/> No		LEGAL REPRESENTATIVE <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name: _____ and type: <input type="checkbox"/> Full <input type="checkbox"/> Limited			
SECTION I CHECK ONE OR ALL THAT APPLY (DOCUMENTATION MUST BE PRESENT IN FILE)					
Has this person received a formal psychological/sexual assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assessment date: _____					
Has this person been scheduled for a psychological/sexual assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assessment date: _____					
<input type="checkbox"/> Sexually violent offense: Has been convicted of or charged with a crime of sexual violence (as defined in RCW 71.09 including but not limited to rape, rape of a child, and child molestation. See RCW 71.09 for specific offenses).					
<input type="checkbox"/> Predatory: Has committed sexual acts directed toward strangers, individuals with whom a relationship has been established or promoted for the primary purpose of victimization, or persons of casual acquaintance with whom no substantial personal relationship exists.					
<input type="checkbox"/> Has not been convicted and/or charged of a crime, but has a history of stalking, sexually violent, predatory, and/or opportunistic behavior which demonstrates a likelihood to commit a sexually violent and/or predatory act based on current behaviors.					
<input type="checkbox"/> Has committed one or more violent crimes, such as murder, attempted murder, arson, first degree assault, kidnapping, or use of a weapon to commit a crime. (RCW 9.94A.030(45)).					
<u>INFORMATION TRACKING ONLY</u>					
<input type="checkbox"/> Individual exhibits sexually inappropriate behaviors, not necessarily predatory or violent in nature (e.g., exposing, inappropriate touching, public masturbation, stripping for sexual gratification in the presence of others, voyeurism).					
BRIEF DESCRIPTION OF PERSON AND ISSUES/CRIMINAL OFFENSE					
SECTION II ADDENDUM					
INFORMATION VERIFICATION BY: <input type="checkbox"/> Police report <input type="checkbox"/> Court records <input type="checkbox"/> Self-report of history <input type="checkbox"/> Parent/legal representative <input type="checkbox"/> Psycho-sexual assessment		COOPERATION WITH SUPERVISION <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____		CURRENT DAY PROGRAM <input type="checkbox"/> Employment <input type="checkbox"/> School <input type="checkbox"/> Community access <input type="checkbox"/> Other <input type="checkbox"/> None	
CURRENT RESIDENCE <input type="checkbox"/> CP ISLS <input type="checkbox"/> ISL <input type="checkbox"/> Group Home <input type="checkbox"/> IMR <input type="checkbox"/> AFH <input type="checkbox"/> ARC <input type="checkbox"/> ESH <input type="checkbox"/> Foster care <input type="checkbox"/> JRA <input type="checkbox"/> WSH <input type="checkbox"/> DOC <input type="checkbox"/> Parent/relative home <input type="checkbox"/> Own home <input type="checkbox"/> Children's Group Care <input type="checkbox"/> Other (specify): _____					
SPECIFY OTHER CURRENT SERVICES (E.G., THERAPIES, COUNSELING, MPC, AL, SL, ETC.)					
LEGAL STATUS <input type="checkbox"/> Current charge pending; if checked, specify: <input type="checkbox"/> Competent to stand trial <input type="checkbox"/> Incompetent to stand trial <input type="checkbox"/> Not Guilty by Reason of Insanity (NGRI) <input type="checkbox"/> Current Least Restrictive Alternative (LRA) (attach copy of court order) <input type="checkbox"/> Currently in jail; projected release date: _____ <input type="checkbox"/> Community supervision/probation/parole (attach conditions) <input type="checkbox"/> Conditional release (attach conditions of release) <input type="checkbox"/> Community notification/registration required; if known, specify: <input type="checkbox"/> Commitment to psychiatric hospital: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary					
COMMENTS					
CASE/RESOURCE MANAGER'S SIGNATURE					DATE

